

FACILITY PROFILE SHEET

1. Facility Name: _____
2. Location: _____

3. Facility Representative(s): _____
4. Facility Telephone Number: _____ Telefax: _____
5. Principal Owner(s): _____

6. List all permits, authorizations and licenses pertaining to transportation, storage, and disposal of hazardous waste.

Authority Granting Permit	Specify if for Transportation, Storage, or Disposal	Permit Number	Expiration Date

7. Indicate if waste(s) will be stored, treated, disposed, or recycled at this facility under this contract.

Temporary Storage
Hazardous Waste Landfill

Chemical, Physical and/or Biological Treatment
Incinerator

Recycling

8. Describe the treatment processes employed at this location. (Attach additional pages if necessary)

9. For facilities that treat, dispose, or recycle, list in the space provided below, by Substance, CLIN and EC number of the treatment or disposal processes permitted by competent authorities to be employed at this facility. (Attach additional pages as necessary).

SUBSTANCE	CLIN NUMBER	EC NUMBER	Chemical, physical/biological treatment, landfill or recycling PROCESSES used for each CLIN NUMBER